

Foster Family Home - Corrective Action Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, NA

Review ID: 1-518730-7

91-959 Mailani Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 5/31/2019

Foster Family Home


Required Certificate

[11-800-6]

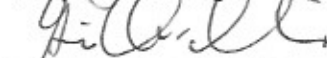
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

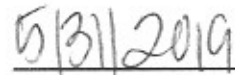
6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 5/31/19. Home has no current clients. Home is in compliance with all requirements.



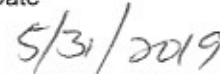
Compliance Manager



Primary Care Giver



Date



Date